

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-014010

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 002

Primary Registration District No. 4009

Registrar's No. 32

FILED MAY 14 1962

VS 300
Rev. 4/59

10020

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SAVANNAH</u>		c. CITY OR TOWN <u>SAVANNAH</u>	
Length of stay in 1b <u>33</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1102 Wakefield</u>		d. STREET ADDRESS (If outside, give location) <u>1102 Wakefield</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frederick Raymond Teague</u>		4. DATE OF DEATH Month Day Year <u>5-10-1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-1900</u>
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Cleaning</u>	
11. BIRTHPLACE (City and state or country) <u>Collier, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Frances Teague</u>		13b. MOTHER'S MARRIAGE NAME <u>Martha Warhurst</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence Teague</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>000-11-1111</u>		17. INFORMANT <u>Dr. Florence Teague 1102 Wakefield</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Coronary embolus</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malignant Hypertension</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Oct. 13, 1949</u> to <u>May 10, 1962</u> and last saw him alive on <u>May 10, 1962</u> Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. J. Maxwell, DO</u>	22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>		22c. DATE SIGNED <u>5/11/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-13-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	23d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>
24. FUNERAL DIRECTOR <u>Breit-Hawkins Savannah Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-12-62</u>	26. REGISTRAR'S SIGNATURE <u>William R. Sparks</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 5 1963
MAY 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. G. Breit

Licensed Embalmer No. 2650

P. O. Address SAVANNAH Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.